

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

CHARLESTON PENINSULA TRANSPORTATION  
LLC

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JUN 13 2014

**TRANS DEPT**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER:** 2012 - 271 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** NASEEB RAHHAL

**Address:** 3590 MRY ADER AVE #312

CHARLESTON, SC 29414

**Telephone:** (843)224-4299

**Fax:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Email:** \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

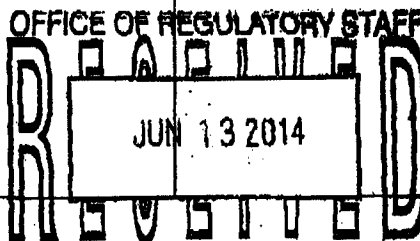
## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 6/1/2014

I have the following Certificate:

☒ Class C Taxi # 2012-549 ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment to my Certificate:

☒ Name Change**RECEIVED**

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From: NASEEB RAHHAL

(Current Name)

DBA: CHARLESTON PENINSULA TRANSPORTATION

(Current DBA if applicable)

TO: CHARLESTON PENINSULA TRANSPORTATION LLC

(New Name)

DBA: \_\_\_\_\_

(New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_

(Current Scope)

To: \_\_\_\_\_

(New Scope)

☐ Passenger Limit

From: \_\_\_\_\_

(Current Limit Number)

To: \_\_\_\_\_

(New Limit Number)

CHARLESTON PENINSULA TRANSPORTATION LLC

Name &amp; DBA if DBA is applicable)

CHARLESTON, SC 29414

(City, State, Zip Code)

(843) 224-4299

(Telephone Number)

3590 MARY ADER AVE #312

(Street and/or Mailing Address)

Naseeb Rahhal

(Signature)

OWBER

(Title) Owner, President, etc.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON PENINSULA TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 13th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

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Given under my Hand and the Great Seal of the State of South Carolina this 31st day of January, 2014.

*Mark Hammond*  
Mark Hammond, Secretary of State